414						
	DSSESSDSGSSSES	427	(SEQ	ID	NO:	7)
633	DSSDSSDSSSSDS	646	(SEQ	ID	NO:	13)
	DDSSESSDSGSSSES DDSSDSSDSSDSSDS	427 565	(SEQ		NO:	
221	מעצעעצעעצעעצעע	565	(SEQ	TD	NO:	14)
	DSSESSDSGSSSES	427	(SEQ			
5/6	DSSDSSDSNSSSDS	589	(SEQ	TD	NO:	15)
	D. G.	105	(070		170	
	DSSESSDSGSSSES DSSDSSDSSSSSDS	427 677	(SEQ			
414	DSSESSDSGSSSES	427	(SEO	ID	NO:	7)
752	DSSESSDSSNSSDS	765	(SEQ	ID	NO:	16)
414	DSSESSDSGSSSES	427	(SEQ	ID	NO:	7)
800	DSSDSSDSSNSSDS	813	(SEQ	ID	NO:	17)
MEPE versus Osteopontin:						
MEPI	E versus Osteopoi	ntin:			-	
	E versus Osteopo er sequence MEPE	ntin:			-	
Uppe	er sequence MEPE		(SEO	TD	NO.	111
Uppe		D 428	(SEQ			11) 18)
Uppe	er sequence MEPE	D 428				
Uppe 413 101	er sequence MEPE	D 428 D 116				
Uppe 413 101	er sequence MEPE DDSSESSDSGSSSES: DDSHQSDESHHSDES:	D 428 D 116 DSSP:				
Uppe 413 101 Oste	er sequence MEPE DDSSESSDSGSSSES: DDSHQSDESHHSDES: eopontin versus er sequence oste	D 428 D 116 DSSP:	(SEQ	ID	NO:	18)
Uppe 413 101 Oste Uppe 106	er sequence MEPE DDSSESSDSGSSSES: DDSHQSDESHHSDES: eopontin versus er sequence oste	D 428 D 116 DSSP:	(SEQ	ID	NO:	18)
Uppe 413 101 Oste	er sequence MEPE DDSSESSDSGSSSES: DDSHQSDESHHSDES: eopontin versus er sequence oste	D 428 D 116 DSSP:	(SEQ	ID	NO:	19) 19) 20)
Uppe 413 101 Oste Uppe 106 638 106	pr sequence MEPE DDSSESSDSGSSSES. DDSHQSDESHHSDES: eopontin versus er sequence oste SDESHHSDESD 116 SDSSSSSDSSD 648 SDESHHSDESD 116	D 428 D 116 DSSP:	(SEQ	ID ID ID	NO: NO: NO:	19) 20) 19)
Uppe 413 101 Oste Uppe 106 638 106	DDSSESSDSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	D 428 D 116 DSSP:	(SEQ (SEQ (SEQ	ID ID ID	NO: NO: NO:	19) 20) 19)
Uppe 413 101 Oste Uppe 106 638 106	DDSSESSDSSDSSD 857	D 428 D 116 DSSP:	(SEQ	ID	NO: NO: NO:	19) 20) 19) 21)

MEPE versus DMA-1

MEPE top sequence

408	SSRRRDDSSESSDSGSSSESDG 429	(SEQ ID NO: 12)		
443	SSRSKEDSN-STESKSSSEEDG 463	(SEQ ID NO: 23)		

Of interest is the repetitive occurrence of the motif at the C-terminal region of DSSP or the dentin-phosphoryn portion. A dot-matrix sequence-comparison of MEPE against DSSP at high and low stringency is shown in figure 13, and this illustrates the repetitive occurrence of the aspartate-serine rich MEPE motif in DSSP.

DPP is formed by post-translational cleavage of a much larger protein, dentin sialo-phosphoprotein (DSSP), into two distinct proteins DPP and dentin sialoprotein (DSP). There is considerable sequence homology of MEPE and osteopontin to the dentin phosphoryn (DPP), part of dentin siaolo-phosphoprotein (DSSP), with no homology to the dentin siaoloprotein portion of the molecule (DSP) (figure 13). Of note is the close alignment of the RGD motif, casein kinase II phosphorylation motifs and N-glycosylation sites in both DPP and MEPE (figure 13). Also, all the protein kinase C sites associated with DSSP are clustered in the region of overlap with MEPE (dentin phosphoryn portion), with none found in the DSP portion of the molecule.

2. Secondary structure:

GCG peptide structure prediction profiles of hydrophobicity/hydrophillicity, antigenicity, flexibility and cell surface probability are shown in Figures 3 to 6. These Figures show GCG-peptide structure prediction analysis of the primary amino acid sequence. Hydrophobicity and hydrophilicity indices are represented as triangles and ovals respectively. Glycosylation motifs are represented as circles on stalks at residues 382-386. Glycosylation symbols can been seen more clearly in Figure 6. Protein turn is indicated by the shape of the line representing primary amino acid sequence. Regions of or-helix, coil and sheet structure are indicated by localized undulations of the line (refer to Figure 7 for more detail). Computer predictions were made using GCG-software derived from HGMP resource center Cambridge (Rice, 1995) Programme Manual for the EGCG package. (Cambridge, CB10 1RQ, England: Hinxton Hall). A striking feature is the lack of Sistine residues and the high degree of hydrophillicity, with four minor sites with low hydrophobic indices (residues 48-53, 59-70, 82-89, and 234-241). The protein does not have a transmembranous profile as deduced from a secondary structure

prediction using antheorplot software. The protein is also highly antigenic and flexible (Figures 4 and 5). The overall secondary structure profile is indicative of an extracellular secreted protein, and is in agreement with the proposed function of the molecule. Figure 7 shows the helical, sheet structure, turn and coil regions of the phosphatonin. This is based on a prediction using Garnier analysis of the antheplot v2.5e package. The four lines in each section (top to bottom), represent helix, coil, sheet, and turn probability indices of primary amino acid sequence. The graph at the bottom presents the same data in block form. Notable is the high helical content, particularly at the NH₂ terminus and also towards the C-terminus, which may have a functional context.

Example 6: Medical Uses of Phosphatonin and Phospatonin Fragments

A number of disorders are amenable to treatment using polypeptides according to the present invention.

X-linked rickets (hypophosphatemia) (HYP):

X-linked hypophosphatemic rickets is one of the commonest inherited diseases of bone mineral metabolism (Rowe, 1997). Phosphatonin bioactive fragments such as those cleaved by PHEX and the uncleaved hormone will play a major role in the treatment of the disease. The protein cloned and described herein, is predicted to interact with its cognate receptor in the kidney and cause an inhibition in the expression of a renal Na-dependent phosphate co-transporter (NaPi), and either directly or indirectly up-regulation of a renal 24 hydroxylase. It is also predicted to down regulate expression of renal 1 α hydroxylase (directly/indirectly). After cleavage with PHEX or other post-translational modifiers, the peptide fragments derivative of the hormone are predicted to have the opposite biofunction (up-regulation of NaPi, down-regulation of 24 hydroxylase, up regulation of 1 alpha hydroxylase). The fragment containing the RGD cell attachment residue (152-154), is predicted to play a role in the receptor interactions, although other peptide derivatives may also mediate receptor ligand interactions for disparate bioactivities. Also, phosphatonin derivatives will play an important function in the normalization of the hypomineralised bone lesions. This is predicted to occur by mediating changes in the osteoblast mediated mineralization of osteoid, and by